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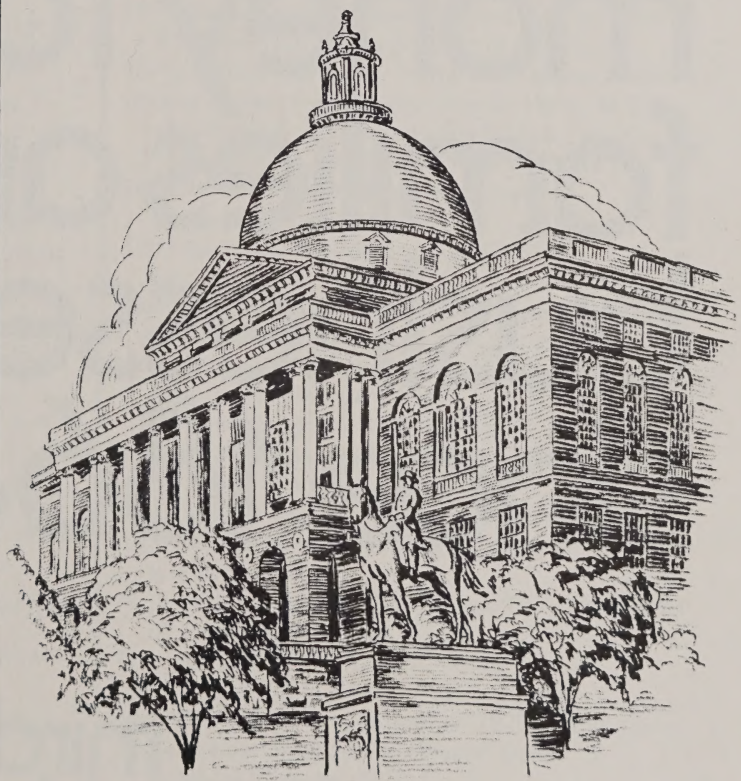

LEGISLATIVE ISSUE

MARCH — 1977

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MARCH – 1977 VOL. XXXIII – NO. 3

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The official bulletin
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THE HAMPDEN HIPPOCRAT is published monthly except for July and August.
The opinions expressed in this bulletin are those of the writers and do not reflect the official viewpoint of the Hampden District Medical Society unless so stated.
Communications pertaining to editorial content should be addressed to the Editor-in-Chief, W.E. Stevens, M.D., 24 Salem Road, Longmeadow, Mass. 01106
Business communications should be addressed to the Business Manager, J.B. Greenspan, M.D., 130 Maple Street, Springfield, Mass. 01103
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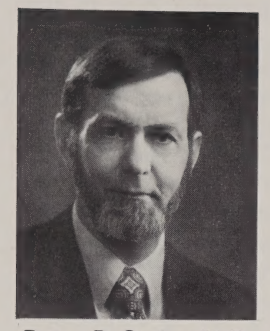

Bruce B. Stoler, M.D.

Your President's Page

Certificates of Need

It was curiously pleasing to read that a special report commissioned by H.E.W. has come up with exactly the same results that everyone directly involved in health care could have predicted.

In an analysis of their study, "Impact of State Certificate of Need Laws on Health Care Costs and Utilization," David Salkever of Johns Hopkins U. and Thomas Bice of Washington U. concluded that certificate of need laws have had **no discernible effect as cost-control devices to date and have, in fact, contributed toward cost-inflation.** Those of us who have been intimately involved with the operation of the Massachusetts Certificate of Need law already knew this to be true.

The Massachusetts Certificate of Need law, like those of other states, does nothing at all to affect the health care *needs* of consumers but serves only to introduce substantial *delays* in the ability of providers to meet those needs. Health care needs do not diminish with time; the population either increases numerically or gets older, requiring more health care in each instance. The massive documentation required by a C. of N. application is in itself cost producing in terms of man-hours involved in its preparation and evaluation. Even more expensive is the delay which this introduces, for in our inflationary economy a delayed response is always a more expensive response.

We need only look to our own region for a few examples. Why did the projected price of a new hospital triple from plan to actuality, requiring the trimming of needed facilities from the original plan? Why is there still only one C.T. Scanner in all of Western Massachusetts? Why was there a three-year delay in replacing the outdated x-ray facilities in another local hospital, almost doubling the originally projected cost? In each case the delay has been directly related to roadblocks set up by those who "administer" the Massachusetts Certificate of Need law.

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The extent of the damage to the health of our patients due to the prolonged unavailability of new technology is difficult, if not impossible to determine. The total extent of the economic damage to the health care system itself by excessive and unnecessary expenditures which continue to result from the operation of this ill-conceived law will not be know for years to come, if ever. Is it any wonder that the Supreme Court of the State of North Carolina found its Certificate of Need law to be unconstitutional?

When will our legislators realize that manipulation of the health care system, however well-intentioned, must produce unfortunate and sometimes fatal side-effects? When will our legislators begin to heed the advice of those who have made a career of medical care and to give that advice the validity it warrants?

Perhaps we have just not made ourselves clear to them in the past. In the pages which follow you will find those bills affecting health care and medical practice which your HDMS Legislative Committee believe to be important for you to take a stand on. Take the time to write, call or meet with your legislators,and, as a constituent, to acquaint them with **your** opinions on these matters. It may be the most important thing you will do this year!

Bruce B. Stoler, M.D.
HDMS President 1976-1977

Ernest A. Byron, Jr.

• • • • • •

SPRINGFIELD

Notice:

February 28, 1977

TO: District Secretaries

FROM: Thomas Gephart, M.D.
Executive Vice-President

In accordance with the vote of the Council on February 6, 1957, you are requested to prepare a list of members of your district medical society who are active in the affairs of the district and who would be interested in serving upon committees of the state society, and send the list to:

John J. Byrne, M.D., President-elect
Massachusetts Medical Society
22 The Fenway
Boston, MA 02215

Such a list should be prepared annually following the February Council meeting.

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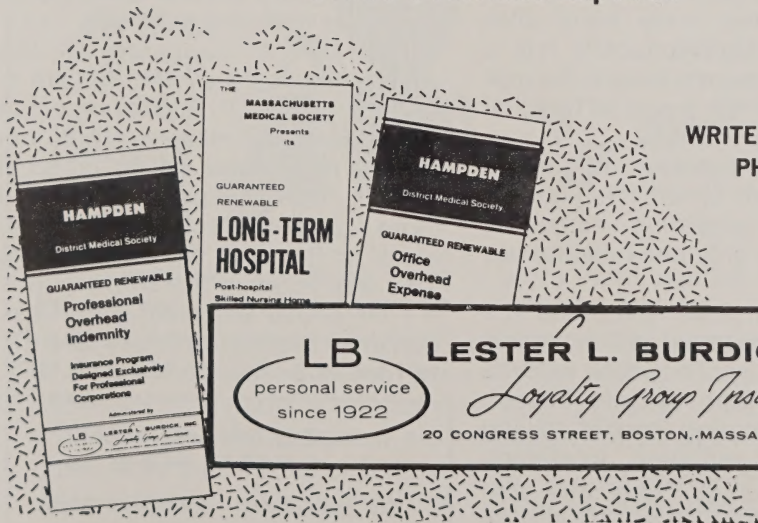

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Highlights of the

Executive Committee

The Executive Committee met on Tuesday, February 22, 1977 in the Conference Room of the HDMS.

Present were Drs. Stoler, Sachsse, Teale, Magill, Stoddard, Bloom, Remsberg, Smith, Abrams, Walthall and Mrs. Purdy.

Dr. Tauber was present to discuss medicaid grievances referring to his article in the January issue of the Hampden Hippocrat. He stated he has filed suit against Commissioner Sharpe of the Welfare. He and his attorney will meet with Dr. Burden, President of the MMS on Wednesday, March 2, 1977 in Boston. Dr. Tauber asked for support from the HDMS in this suit. He also requested the society to challenge the 2nd opinion law passed in 1976. Dr. Tauber will report on his meeting with Dr. Burden and the Executive Committee will discuss his requests.

Old Business

Dr. Sachsse reported on Dr. Kruger's letter asking why hospitals no longer keep x-ray films after three years. Massachusetts has a law that only reports have to be kept and films are not a part of hospital records.

Dr. Stoler reported that letters had been sent to all hospital administrators regarding screening clinics. So far only one hospital has responded.

The committee discussed the value of contacting all hospitals asking that they check their records and initiate appropriate search procedures to find people having had thymus radiation treatment. After motion duly made and seconded it was voted to write to all area hospitals.

A letter was read from the Exec. Comm. of the Medical Staff of Baystate Medical Center regarding the article published in Focus. They indicated they are sorry for any impropriety this created. This was published before the new Chief of Pediatrics arrived. The hospital will be contacted and asked to put HDMS on the mailing list for Focus.

The AMA wrote an appreciation letter for the HDMS approving the direct billing. This will be reported to the Board of Trustees.

A letter from Dr. Norcross in answer to Dr. Stoddard's inquiry on advertising was read. The FTC has subpoenaed MMS because of their objection to advertising being unethical.

Mrs. Purdy gave a report of the Public Relations Committee meeting in Boston. This report is filed in the PR folder.

Dr. Verrilli was not present to report on the Leadership Conference held in Chicago.

Dr. Bloom gave a short report on public relations activities.

Dr. Stoler reported on the statements made by Mr. William L. Putnam of WWLP, special report. A response will be made by Dr. Bloom on this report and will be taped at WWLP. The medical statistic and more current practices of physicians in the area will be stressed. This was voted in the affirmative.

Dr. Stoler will meet with Presidents of District societies and Dr. Burden in Boston on March 7, 1977.

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Dr. Stoler reported Dr. J. W. Sullivan's concern of a Newsletter of January 1977 from Blue Shield regarding iterating their basic criteria for admission to hospitals and future monitoring. Response will be made by Drs. L. Smith and Stoddard.

The Western Massachusetts Health Planning Development Committee is a branch of the WMHPC. Dr. Mausel serves on this committee and requests an alternate in case he is unable to attend. This alternate will come from the Executive Committee.

It was agreed that the Springfield Academy of Medicine should poll its entire membership about the proposed merger as was discussed at the recent HDMS meeting.

New Business

The committee returned to Dr. Tauber's proposal and discussed two points:

1. HDMS urge MMS to support his suit against Commissioner Sharp, and 2. Urge cooperation with the WMHCF in protesting the 2nd opinion.

On #2—2nd opinion—and upon motion duly made and seconded it was voted to postpone until March any action.

On #1—upon motion duly made and seconded it was voted to support the MMS in its opinion after the meeting is held on Wednesday, March 2, 1977.

Dr. Byrne, President-Elect of MMS has requested a list of names of members willing to serve on committees for 1977-1978 on the state level. This will be printed in the March Hampden Hippocrat.

The AAMA requested a donation for their convention to cover expenses. Upon motion duly made and 2nd it was voted in the negative.

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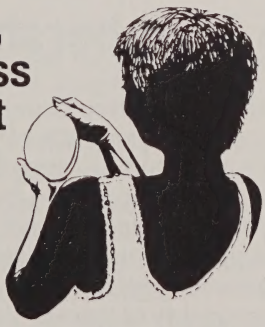

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The Practice Management Course offered by the AMA was discussed. It will be arranged through the AMA for April 2, 1977. The travel expense will be shared with the Worcester District Medical Society.

The budget for 1977-1978 was presented by Dr. Remsberg. After discussion and upon motion duly made and seconded it was voted to accept the budget after one change had been made.

The Health Insurance program offered by Blue Cross-Blue Shield was approved by the committee for the staff.

The meeting was adjourned at 10:18 P.M.

Submitted
Philip Stoddard, M.D.
HDMS Secretary

Edward F. O'Donnell
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Report to the Membership

On Monday February 14, 1977, the Legislative Committee on Health Care began hearings at the State House on nearly 300 bills bearing some relation to medicine and health. The bills listed are those which we have discussed at our committee meetings. Those preceded by an asterisk are the bills which we, as your legislative committee, will actively support or oppose by written testimony to the legislators in our district.

We strongly encourage you to become involved because your input is most important. For further information on any of these bills, please contact Mrs. Purdy at the district office or any members of the legislative committee. You can also contact your local legislators for copies of any of the above bills.

Legislators are sensitive to the opinions, especially the written opinions of their constituents. A common complaint among them is that there is generally very little input from the medical community. The time has come to show them that we care.

Legislative Committee

Richard J. Miller, Chairman; Samuel J. Brendler, Alternate; John F. Griffin; Jesse G. Hafer, Jr.; Robert S. Mandell; Stephen E. Paul; Peter G. Sellei; Gulab K. Shah; Arthur M. Sher; Steven M. Wittenberg.

1977 State Legislation

The following bills have been filed and are printed here for your information. Dr. Miller, Chairman of the Legislative Committee has a message printed elsewhere about how to handle these bills.

H-9 and H-10—Concerned with Lead Paint Detection and Testing, SUPPORT.

*H-44—Increasing Consumer Reps on State Boards, OPPOSE.

*H-46—Health Providers to be Assessed for Consumers Before Rate Setting Commission, OPPOSE.

*H-47—Pharmacists Warnings to Patients, OPPOSE.

H-127—Fetal Death Reporting, SUPPORT.

H-128—Tests for Disorders, SUPPORT.

H-129—Increasing Dept. Fees, OPPOSE.

H-130—Testing School Personnel for TB, SUPPORT.

H-131—TB Tests Defined, SUPPORT.

H-132—Office of Chief Medical Examiner to be set up within the Dept. of Public Health, SUPPORT.

H-133—Nursing Homes and Financing, SUPPORT.

H-134—Choke Saving Techniques in Restaurants, SUPPORT.

H-135—Lap Safety Belts & Child Restraint Devices, SUPPORT.

H-136—Cereals & High Sugar Content, NO ACTION.

H-137—Restaurant Non-Smoking Areas, SUPPORT.

H-139—Licensing & Regulating Psychosurgery, OPPOSE.

H-185—Limiting Time for Submission of Bills to Welfare, SUPPORT.

H-191—Welfare Dept. & Medical Standards, OPPOSE.

H-235—Limited Medical Registrations, SUPPORT.

H-236—Licensing MD's, SUPPORT.

H-237—Medical Student Supervision, SUPPORT.

*H-239—Informing Public of Powers of Boards of Registration, OPPOSE.

H-332—Board of Registration in Acupuncture, OPPOSE.

H-333—Acupuncture Commission—extending time for Commission to file its report to Leg. 1/30/78, OPPOSE.

H-334—Cancer Program for Women, SUPPORT.

H-373 & H-374—Review and Phasing out of State Agencies, SUPPORT.

H-540—State Agencies & Approval, SUPPORT.

H-655—Health Insurance for Complete Maternity Care, OPPOSE.

H-646—Medical Provider Rate Increase, OPPOSE.

Senate Bills

S-443—Optometrists Referrals to Ophthalmologists, SUPPORT.

*S-444—Second Surgical Opinion—amendment to change (shall to may), SUPPORT.

S-536—Uninterrupted Medical Coverage, SUPPORT.

S-601—C.I.M. & Confidentiality of Data, SUPPORT.

S-602—Illegal Possession of Medical Records, SUPPORT. (OVER)

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S-696—TV Violence to be Monitored (in committee at MMS), NO ACTION.
S-365—Medical Examiners Reorg., SUPPORT.
*S-370—Review Board for Certain Neurosurgery, OPPOSE.
S-379—Certificate of Need to Include MD's Offices, OPPOSE.
S-381—Allowing Use of Laetrile in Mass., OPPOSE.
*S-386—MMS Immunity Bill, SUPPORT.
S-387—MMS Bill to Amend the Psychotropic Law, SUPPORT.
*S-338—MMS Bill Re Board of Reg. and Disc. in Medicine, SUPPORT.
*S-389—Reimbursement & Administratively Necessary Days, SUP—PORT.
S-393—Moratorium on Licensure of Health Occupations, SUPPORT.
S-395—MMS Bill to Amend Controlled Substances Law, SUPPORT.
S-403—Provider Rates & Industrial Accident Patients, SUPPORT.
S-433—MD's & Restrictive Covents, SUPPORT.
S-491—Child Abuse & Non-Reporting Penalties, OPPOSE.
S-416—Regulating Dermology, OPPOSE.
S-426—MD Definition Under Education Laws of State, SUPPORT.
S-430—Board of Naturopathic Medicine, OPPOSE.

Submitted: R.J. Miller, M.D.

Book Reviews

THE ELECTROCARDIOGRAM. Stein, Emmanuel. W. B. Saunders. Philadelphia. 1976.

This volume is the outgrowth of material originally presented as a course of lectures utilizing slides. The course was later developed into a manual with taped lectures.

The Einthoven triangle concept and triaxial reference system along with the electrical events of a normal electrocardiogram are well explained. The spatial vector approach of the late vectorcardiologist, Robert Grant, is emphasized throughout the text. Right ventricular hypertrophy, followed by left ventricular hypertrophy, and a study of repolarization (S-T segment and T wave changes) are well presented. The chapter on myocardial infarction reflects the teaching background of the author and has many illustrative electrocardiograms. Chapter 7 details all of the common arrhythmias. The chapter on digitalis is concise and informative. A short but useful bibliography is included as a final item in the volume.

Few texts on electrocardiography are written in the fashion of Dr. Stein's book, i.e. as a basic text for the beginner in this subject whether he be physician or layman. It is highly recommended as a text for self study, as a reference volume or for review of the fundamentals of electrocardiography.

January 15, 1977

Howard P. Kennedy, M.D.
Reviewer

Landon True
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Obituaries for Hippocrat

The Society is saddened to report the deaths within the past four months of nine members or friends. They will indeed be sorely missed by their many friends and professional colleagues in this area.

Clarence J. Keefe, M.D.

Died November 13, 1976 at the Holyoke Soldier Home at the age of 72. Dr. Keefe was a graduate of Tufts College and Tufts Medical School. He interned at St. Elizabeth's Hospital in Boston. For many years he had been on the staffs of the Wesson Memorial and Mercy Hospitals in Springfield.

Eoline Church Dubois, M.D.

Died November 27, 1976 in a local nursing home at age 98. Dr. Dubois was a graduate of Vassar College and Tufts Medical School (1903). She served two years as a medical assistant in the outpatient department of the Massachusetts General Hospital. She spent a further year of study in Paris before beginning her practice in Boston. She came to Springfield in 1912 and joined the staff of the Wesson Memorial Hospital. She served as a volunteer Red Cross physician in French military hospitals during WWI. Following the war, she began a regular health column for the Springfield Republican which ran for 25 years. A member of the American Diabetes Association, she was a frequent local lecturer and teacher on foods and nutrition and served for many years as Springfield's school physician. She was prominent in the women's suffrage movement and was the local delegate to its 49th annual convention in Washington, D.C. She was former Secretary of the Springfield Academy of Medicine and President of the College Club.

Jean B. DesRochers, M.D.

Died 12/16/76 after a short illness in San Antonio, Texas at age 69. Dr. DesRochers was a graduate of the University of Montreal and had served many years on the staffs of VA hospitals in various parts of the country. His most recent appointment had been on the staff of the San Antonio VA hospital. He was a former resident of Chicopee.

Yale Kablotsky, M.D.

Died 12/14/76 at age 35 in Hobbs, New Mexico. Born in Springfield, Dr. Kablotsky was a graduate of Brown University and Tufts Medical School (1967). He served as a captain in the Army from 1970 through 1972 and had been an anesthesiologist. He had been in New Mexico for one year prior to his death.

Wilberta E. Neill, M.D.

Died 12/23/76 at her home at age 81. Dr. Neill was a graduate of Jackson College and Tufts University Medical School (1918).

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Alfonso Albert Palermo, M.D.

Died 12/24/76 in Sarasota Memorial Hospital, Florida following a stroke at age 75. Dr. Palermo was a graduate of Colgate University (1923) and Harvard Medical School (1927). He served his internship and 1 year of surgical residency at the Albany Hospital 1927-29 and did further surgical training at the Pondville Cancer Hospital in Wrentham, Mass., 1929-1930. Dr. Palermo was a former chief of surgery at the Wesson Memorial Hospital and a former senior surgeon at the Westfield State Cancer Sanatorium. He was a member of the staff at Shriners Hospital for Crippled Children, Springfield, and the Noble Hospital, Westfield, Mass. He had been President of the medical staff at the Wesson Memorial Hospital in 1949. Dr. Palermo was also a consultant in cancer of the Springfield Health Department Hospital and a surgeon at the Springfield Cancer Clinic. A diplomat of the National Board of Medical Examiners, he was a Fellow of the American College of Surgeons. He was a member of the AMA, New England Cancer Society, New England Obstetrical and Gynecologic Society, MMS and the Springfield's Doctors Club. He was a past president of the Hampden District Medical Society and of the Springfield Academy of Medicine. Dr. Palermo had also been active in social concerns in the Springfield area. Contributions may be made to the Baystate Medical Center, Wesson Memorial Division.

Myles Henry Illingworth, M.D.

Died 12/28/76 at his home at age 60. Dr. Illingworth was a graduate of Harvard College (1938) and Tufts Medical School (1943). He interned at Boston City Hospital (1943-44) and served as a resident in internal medicine at the Boston City Hospital (1944-45) and the Boston Dispensary (1946-47). Dr. Illingworth served on the staffs of the Wesson Memorial Hospital, Mercy Hospital, Cooley Dickenson Hospital, and Wing Memorial Hospital. He was one of the founders of the Wesson Emergency Association, a group which began one of the first 24 hour a day emergency services in the nation. He was a member of the American College of Physicians, AMA, HDMS, and MMS, American Heart Association, and Springfield Academy of Medicine. He was a former chief of the medical service at Wesson Memorial Hospital.

Emerson F. Hird, M.D.

Died 1/2/77 at his home in East Longmeadow at age 93. Dr. Hird was a graduate of Western Reserve University and Boston University Medical School. He had practiced medicine for 60 years in Bound Brook, New Jersey where he was honored as Citizen of the Year in 1953. Dr. Hird interrupted his practice during WWI to serve with the American Red Cross in Rumania and France. He remained in Rumania after the war to work with the Red Cross reconstruction mission and was awarded with the Rumania Queen of Maria Cross and the medal of the Czechoslovakian Revolution. He was former president of the Somerset County Historical Society (NJ), the Bound Brook Rotary Club, and was active in multiple medical societies. He had been honored by the Somerset Medical Society shortly before retiring from practice in 1974 at age 90. Donations may be made to the Emerson and Helen Hird Counsel Oak Fund, The New Jersey Conservation Foundation, Morristown, New Jersey.

Daniel Arthur Hart, M.D.

Died 2/9/77 at home at age 42. Dr. Hart was a graduate of the University of Vermont (1954) and University of Vermont Medical School (1958). He served a rotating internship at USNH, Chelsea, Mass. (1958-59) and a straight medicine internship at USNH, Chelsea, Mass. (1960-61). He was a resident in internal medicine at the DeGoesbriand Memorial Hospital, Burlington, Vermont (1962-63) and a Fellow in Cardiology at the same hospital (1963-64). Dr. Hart was associated with the University of Massachusetts—Amherst—Health Service Department prior to joining the staff of the Springfield Hospital in 1968. From 1970 through 1974 he served as chief of medicine and director of emergency services at the Bradley Memorial Hospital, Southington, Conn. In 1974, he returned to become chief of ambulatory services at the Baystate Medical Center. Dr. Hart had actively sought the establishment of a city wide emergency cardiac care ambulance system and was one of the founders of the Brightwood Riverview Health Center. Under his influence, primary care services were provided especially to the Spanish-speaking population. Dr. Hart was an effective spokesman for the needs of the Spanish-speaking population of Springfield's North End between various city and hospital officials.

Respectfully noted;
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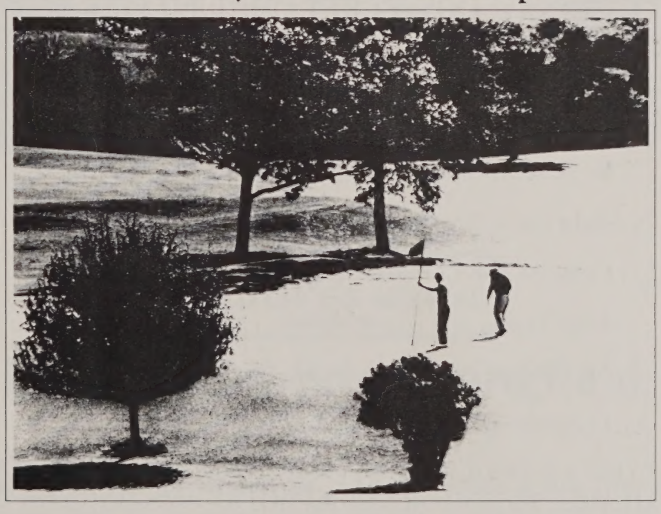

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Some hard facts about the 1976 AMPAC (American Physicians Political Action Committee) support.

1976 Support Record

AMPAC participated in 350 races in the U. S. House of Representatives. 265 candidates or 75.7% of the House candidates supported were successful.

In the Senate AMPAC supported 40 candidates. Of this number, 21 candidates or 52.5% were successful.

AMPAC supported 390 candidates in the House and the Senate of which 286 or 73.3% were successful.

51.5% of the House candidates AMPAC supported were Republican and 48.9% of the House candidates AMPAC supported were Democrats.

57.5% of the Senate candidates AMPAC supported were Republicans and 42.5% were Democrats.

(SEE PAGE 24)

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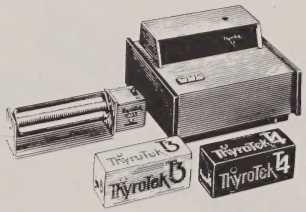

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The Page of the Auxiliary to the HDMS

March 1977

The Auxiliary is proud to announce, for your education and information, an evening program on Child Abuse and Neglect.Ginny Lagac (Parents Anonymous), Dr. Paul Taylor, and Diana Zacarian (social worker) will lead the Panel Discussion. A film "Fragile, Handle with Care," and a question period, will be part of the program. Please bring a friend—awareness is half the battle.

On January 22 five courts of auxiliary tennis enthusiasts enjoyed an evening at the Wilbraham Tennis Club. Thank-yous are in order for the players and Dottie Schwendenmann for their interest and planning.

March 22 will see Dr. B. Fiengold, authority on hyperactivity in children through diet and food additives, speak in Hartford. Call Francoise Pelletier (737-6442) for details.

March 23, Wenda Restall (567-8668) has planned a shopping trip to Cohoes in Albany.The bus leaves the Longmeadow Community House at 8 a.m.—and returns at 5:30 p.m. $5 is for the iunch. The transportation is free. Call soon, for seats are limited.

Your Government is getting closer every day. Please write for the weekly Legislative Reports from The Mass. Medical Society. They are excellent and will keep you informed. The address is: 22 The Fenway, Boston, Mass. 02215.

Carrol Jean Yorzyk
President, The Auxiliary of the HDMS

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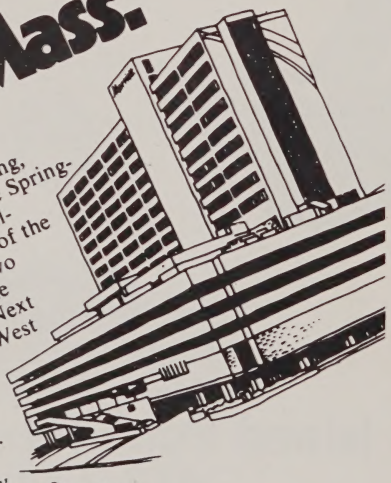

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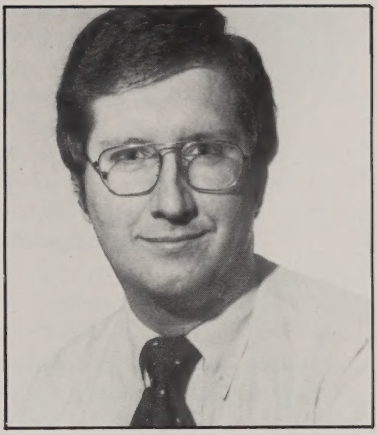
Ginny Lagac



Dr. Paul Taylor

Diana Zacarian

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An Update

On the Special Commission on Medical Malpractice
— February, 1977 —

The Special Commission was established by Section 12 of Chapter 362 of The Massachusetts Legislative Acts of 1975. Its mandate includes activities in three areas. First, the Commission must conduct research into the causes and effects of the "malpractice crisis" in Massachusetts. Second, it has the responsibility to oversee and evaluate the legislative remedies enacted in other sections of Chapter 362. Finally, it is the Commission's task to recommend any further changes in public policy that might be necessitated by unfolding circumstances in the field of medical professional liability. To these ends, the Special Commission has conducted several meetings to consider potential activities; the Commission has published reports outlining the issues which it faces; and it has appointed a staff person to coordinate and conduct the Commission's research into these issues.

The first stage in developing the research has been to conduct an extensive review of the literature that sprung up in the wake of the "malpractice crisis." This review has been undertaken with the following tasks in mind:

- — identify the normative issues and goals of the medical professional liability system
- — relate the goals of the malpractice system to underlying goals of the health care system at large
- — specify problems and needs of the malpractice system as manifested both by the normative considerations and by the details of the various crisis situations experienced in recent years
- — identify particular reform proposals that have been offered as alternatives to the present system to insure that the research design allows for their evaluation in the Massachusetts context
- — examine the history of the Massachusetts malpractice experience and define the information required to address the issues raised by the state's (and the nation's) "malpractice crisis."

At this point in time, the literature search is largely complete and its findings in these areas are being incorporated into a draft research proposal.

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As it has been noted on numerous occasions, it is very difficult to apply the existing body of data and research results to the Massachusetts situation. The current literature lacks both breadth and depth in terms of the substantive areas that it addresses. Furthermore, the accuracy and validity of the information it contains is sometimes suspect. Finally, the Massachusetts problems are sufficiently different from other states' situations that research done elsewhere is likely to be largely inapplicable. As a result, we are not likely to find that our results interleave with other research findings to lead us to a consensus about the directions which Massachusetts policy should pursue.

The Special Commission has filed a report to document the developments of the preceding year in the Commonwealth's Medical Malpractice system. I should be pleased to share this with you.

I should also like to invite your comments and suggestions, based on your breadth of backgrounds, in assisting the Commission in identifying areas which should be addressed. What are your thoughts on Medical Malpractice in Massachusetts at the present time?

Iris K. Holland,

. . . Representative Iris K. Holland of the Second Hampden District is a member of the Special Commission on Medical Malpractice and the Chairman of its sub-committee on the Board of Registration and Medical Discipline.

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Report to the Membership of the

Fifth A.M.A. National Leadership Conference

by Rocco A. Verrilli, M.D.

Your Executive Secretary, Mrs. Vivian Purdy, and I were fortunate to attend the Fifth A.M.A. Leadership Conference in Chicago, January 20 through January 23, 1977.

The overall conference theme was *Unity of Purpose,* based on knowing the facts, i.e., to fight the enemy (government intervention), one must know the bureaucracy in depth and countervail with intelligence, planning, and forcefulness.

After the welcoming address by A.M.A. President, Richard E. Palmer, the A.M.A. Delegate from New Jersey, Dr. Todd, addressed the Conference on "Facts, not Fiction." He said that government was trying to make medicine a public utility and wanted to control health care in order to change the social system. Dr. Todd stated that health care is a right but infinite extension of the idea will be greater than the country can afford. The country is now suffering from the "Pass the buck" syndrome of individual to local government, to state, to federal intervention.

Currently the overriding, crucial issue is containment and moderation of medical care cost. Most forthcoming health care legislation is based on containment of costs.

High quality care, however, cannot be given without high cost. There are additional factors involved in the cost of care which cannot be controlled by medicine: expansion of health care benefits, inflation, high malpractice premiums, and bureaucracy.

The medical profession is asked to solve society's problems which are social in nature and not medical. Medicine must analyze the essential, the priorities, and set the appropriate strategies.

Senator Herman Talmadge spoke about his desire to federalize Medicaid programs, separate hospital-based physicians charges from hospital charges, and control fraud and abuse.

Next, the conference members listened to the prognostications of Messrs. Scammon, Gallup, and Wills who forecast for 1977. Mr. Scammon said that ambivalence rather than doctrinal purity is the current hallmark of American politics; economics is the bottom line of political thinking for 1978-1980. Doctors still score the highest in polls on credibility and politicians the lowest according to Mr. Gallup.

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The people want local citizens and physicians to control health care programs.

Crime control remains the first desire in public opinion polls.

George Wills stated that medical policy issues are dominated by two facts:

1. The government is out of resources;
2. The public is out of patience.

On Saturday morning, we listened to two British physicians and one British hospital administrator tell us of the National Health Service bureaucracy and its paralyzing influence on British medicine. The advice came through strongly and clearly: *do not let it happen* here in the United States.

I attended workshops on Medical Risk Management programs, Quality Care and Assessment, and Medical Discipline.

All in all, three days of exhausting but stimulating education and contacts.

Rocco A. Verrilli, M.D.
President-Elect
Hampden District Medical Society

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Letters to the Editor

To the Editor:

This letter will announce the opening of a regional screening clinic for carriers of the genetic trait for Tay-Sachs Disease. The clinic will be held twice each month at the outpatient laboratory of the Baystate Medical Center, Springfield Hospital Division, 759 Chestnut Street, Springfield, Massachusetts.

The screening clinic is being held in conjunction with the Tay-Sachs Prevention Program of New England in Waltham, Massachusetts. Aided by a group of volunteers from B'nai Brith Women, Springfield Chapter 18, the clinic will provide testing at 10:00 a.m. on the first and third Thursdays of each month. Anyone wishing to be tested should be advised to call Mrs. Gail Controvich, in my office, 787-4429, for an appointment. There is no charge for the test. Participants are asked to give a donation to the Tay-Sachs Foundation to help defray cost of the test.

Screening should be offered to your Jewish patients of Eastern European origin: Tay-Sachs Disease is a fatal genetic disorder primarily affecting Jewish infants.

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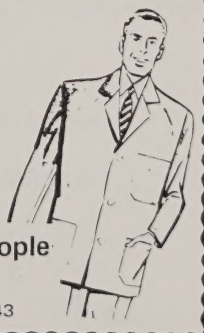

Death usually comes before the fifth birthday. At least one in every thirty Jews of Eastern European descent is a carrier of the gene which determines the expression of this disease; in the non-Jewish population, about one in three hundred persons is a carrier. Carriers of the trait for this disease, who are phenotypically normal, can now be identified with a blood test which examines the level of the enzyme, hexosaminidase A. The Tay-Sachs gene is an autosomal recessive gene and, if both husband and wife are carriers, there is a 25% risk with each of their pregnancies for producing a Tay-Sachs child. However, prenatal diagnosis can permit such couples to bear children free of this disease. This prenatal diagnosis on selected patients is accomplished by means of a sample of amniotic fluid, from which a cell culture of fetal skin is obtained and subsequently tested for deficiency of the enzyme, hexosaminidase A. Since its inception in November, 1973, the Tay-Sachs Prevention Program of New England has tested over 6,500 young people of childbearing age and discovered more than 200 who carry the Tay-Sachs gene.

Those wishing additional information should contact me at the telephone number listed above or, you may call the Tay-Sachs Prevention Office at 617-893-0600 or write Tay-Sachs Prevention Program, 200 Trapelo Road, Waltham, Massachusetts 02154.

Sincerely yours,

Jerald M. Rosenbaum, M.D.
Pathologist
Director, Clinical Chemistry Laboratory
Baystate Medical Center

(cont. from page 16)

AMPAC supported 51.8% Republican candidates in the House and the Senate and 48.2% Democratic candidates in the House and the Senate.

Total political expenditures for the two-year period, including congressional contributions, post election contributions, political party contributions, and special election contributions, total $1,-253,672.00.

With a record such as this doesn't this give you the message that it pays to support your PAC movement in Massachusetts? The year 1978 can be a crucial year for physicians—get on the band wagon now and join— join— join—phone 736-0651 for a membership blank.

Vivian Purdy

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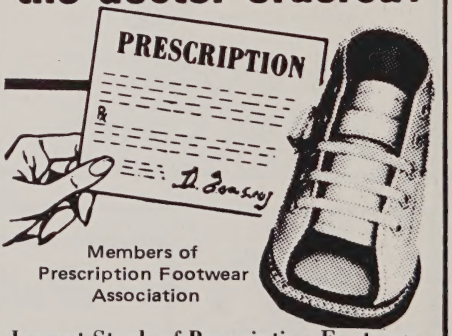

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Chester G. Atkins, Tahanto Trail, Harvard.
John A. Brennan, Jr., 88 Beltran St., Malden.
Robert E. McCarthy, 353 Summer St., East Bridgewater.
Samuel Rotundi, 54 Sunset Road, Winchester.
William L. Saltonstall, 388 Summer St., Manchester.

Representatives

Louis P. Bertonazzi, House Chairman, 16 Coolidge Rd., Milford.
Robert C. Buell, Woodcrest Road, Boxford.
Edward P. Coury, 689 County St., New Bedford.
Joseph A. DeNucci, 119 Warwick Rd., Newton.
Iris K. Holland, 38 Hazelwood Ave., Longmeadow.
John G. King, 17 School St., Danvers.
Melvin H. King, 4 Yarmouth St., Boston.
David J. Lane, John Wise Ave., Essex.
Elizabeth N. Metayer, 33 Arthur St., Braintree.
Terrence P. McCarthy, Briarwood Dr., Edgartown.
Robert L. Nardone, 11 Holly St., Watertown.
Andrew J. Rogers, Jr., 36 Ardmore Rd., Framingham.
James Segel, 41 Ackers Ave., Brookline.
Karen Swanson, 237 Menlo St., Brockton.
James A. Whitney, Dudley Hill, Dudley.

INFORMATION NUMBERS — For information on Senate health care bill call Mr. Joseph Albano at the State House 727-3646. For House health care bills call Ms. Lucy Farmer at 727-8137. Mr. Albano and Ms. Farmer are the legislative assistants to the Committee.

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Medical Commentary:

Doctors and Drug Companies

by Robert Berrien, M.D.

The relationship between drug companies and physicians is complex and often unsatisfactory. I would like to explore this relationship commenting especially on areas where significant change is required. As a physician, my viewpoint is naturally somewhat one sided. I welcome comments by representatives of the drug industry to clarify their position.

I am particularly concerned about the drug industry because, as a practicing physician, I write many prescriptions daily for all kinds of products, from stool softeners to antibiotics, from antiarrhythmics to vasopressors. The number of nearly identical drugs is staggering and selecting the most appropriate one from such a large group (and a group that is continually expanding) is a constant challenge. Thus, it is essential that the physicians have a reliable way of keeping informed about new products, about reports of adverse reactions occurring with drugs already in use, and about new uses for old products. It is important for me to know that the drugs I prescribe are the most appropriate for a given purpose and, equally important, that I shall cause no harm to my patients by prescribing them.

Pharmaceutical companies themselves provide information about their products in a number of ways. One way is via the drug salesman. His main job is to sell his wares. His sales pitch is flawless, and he can easily run through a ten-minute monolog describing the wonders of his product. However, he is not a research investigator nor a physician. If questions probe beneath the surface, reliable answers are not given and somehow the answer that is obtained is a replay of the original pitch.

Drug salesmen have another way of influencing physicians. They come bearing gifts: samples for use by patients and samples for use by the doctor and the doctor's family. Other gifts are left as well—penlights and notebooks for example. Even when a physician refuses to talk with the salesman, drugs are left in the office.

Salesmen come to medical schools and teaching hospitals with films presenting information on a medical syndrome and promoting their company's product for use by patients so afflicted. If permitted, the salesman will give his sales pitch to the group as well. Elaborate monographs are handed out with a review of the topic and with the usual advertising.

Drug companies also sponsor medical meetings and seminars. A number of physicians involved in research or clinical aspects of a medical problem will be brought together to give talks and to answer questions. Here salesmen do not

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speak, and the only sign of drug company sponsorship might be an acknowledgement on the program.

Pharmaceutical companies interact with physicians in ways other than providing information about drugs. Medical students are given stethoscopes, reflex hammers, medical bags and textbooks. Physicians starting out in practice can have office announcements provided free by one large company.

What motivates drug companies in these endeavors? The salesman's approach is clear. He is trying his best to talk you into buying a product, his product. Samples are left for two reasons. They encourage starting patients on a given drug—and this is good business practice. The cost of a few free samples is small compared to what the patient will pay for many years of a product's use. But drugs left for the physician's personal use work in another way. These indirectly influence the physician to use that company's products by virtue of having been given a gift rather than by careful examination of a drug's efficacy.

Movies made by drug companies are thinly disguised advertisements. Most often, the information can be obtained in a standard text on the subject or in the current literature, and the price paid for being fed this material in movie form, and for the glossy monograph, is listening to the advertisements at the end.

Free books and medical instruments serve the same purpose as free drugs. They are meant to influence the doctor to look favorably upon a given company without the real issue of a drug's usefulness being taken into account.

Sponsorship of medical meetings may also be done for the same ultimate purpose, i.e. to promote a product. But here, direct advertising

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is kept to a minimum. In addition, participants are not representatives of the drug industry and unbiased information is presented. From the drug company's point of view, this must be one way of projecting a good image while doing a minimum of advertising.

Having examined what I feel the drug companies motives are in dealing with physicians, how do I as a physician react to each of these modes of interaction? With respect to drug salesmen, I have very little patience. I don't find them to be reliable or trustworthy sources of information. As for free samples, I find them particularly odious. First of all, they are not really free. Drug companies are profit-oriented. What appears to be free is well made up for by the overall prices of drugs. A few dollars saved by a patient because of a week's worth of free samples will be paid for by the drugs actually purchased over the years.

From the doctor's viewpoint, there is no excuse for taking free samples for personal use. The small amount of money saved is too high a price indeed to pay for the loss of our integrity. Our patients' faith in our ability to choose what is best for them without outside influence must be maintained. The argument applies as well to equipment, books and favors given to medical students or young doctors starting out in practice. It is easier to be tempted to accept these favors at these times because we are poorer, but it is essential to establish our principles from the beginning.

What then can doctors do to get information about drugs and can the drug industry contribute in a legitimate way? First, doctors do have many sources of new information. The medical literature is extensive and review articles, especially, provide comprehensive information

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on drug usefulness, adverse reactions, etc. If a physician is located near a medical center, conferences are readily available. If not, continuing medical education courses are abundant. Seminars sponsored by drug companies seem to me to be one legitimate way for them to present information to physicians. Here, at least, the information is not presented by representatives of the companies themselves. Surely drug companies will continue to advertise in many ways, but free samples, free gifts and biased information should not be useful to any physician. Let drug companies take the money saved by abandoning these modes of advertising and use it to reduce the overall cost of drugs to everyone.

Roberta Berrien, M.D.
Associate Editor

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Editorial Comment: Brownie Points

American Medicine has responded to another pressure from outside itself and has created Continuing Medical Education—CME. Pioneered by the AMA and its physician's certificate most of organized medicine has adopted at all levels and all specialities to gathering, what I have chosen to call, *Brownie Points.* The magic number seems to average about 150 points in three years; various categories and strengths have been determined to equate the divers factors contributing thereto.

At the recent Medical Staff meeting of the Mercy Hospital, the problem of who, how, what, where and when the *Brownie Points* should be handled arose. Each hospital medical staff, each scientific society and each level of medical societies needs to find a centralized point of collection and verification of these points. To ask each physician to collate and vouch for his attendance or performance is not desirable and personally tedious. For physicians in the Hampden District Medical Society, I would propose that the district society assume the role of coordinator and verifier.

Attendance at meetings now is recorded by signing in or filling out a registration form. Policy should be established wherein the secretary or physician in charge of the meeting forward a copy of the attendance roster to the district office for all activity within the district or state. When the physician attends a national meeting again the sponsoring society can forward attendance and any other pertinent details to the district office on a post card furnished by the society, via the attending physician. Those points accumulated by self study and examination can also be transcribed and conveyed to the society. Journal reading, etc. can be avouched for semi-annually by the physician to his society executive secretary. Thus when the necessary *Brownie Points* have to be tallied and sent into either the Mass. Medical Society or a speciality society to maintain license or board certification, the physician can request the Hampden District's elected secretary to do so and there would be no problem with verification. As a further assist to its members, the society could annually review the accumulating points and alert a slow accumulator that he is falling behind.

Some expense to the society will result from this suggestion, but the convenience to the membership and through centralization of keeping tract of all the *Brownie Points* will outweigh the cost. The hospitals also will benefit in that the various and numerous meetings may be better attended for the entire lecture time. I further believe that *Brownie Points* should be considered as privileged communications between the three parties concerned with each accumulation.

The editor-in-chief

Distinctive Dining at Springfield's
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A) What Did NOT Happen Because of the AMA Nov. '76

1. National re-licensure.
2. Regulation of residency assignments and rationing by specialty.
3. Cradle-to-grave, federally run NHS.
4. Capricious utilization review regulations.
5. Precertification of hospital admissions.
6. Full "Public Utility" control of medicine.
7. Phase V controls on MD fees.
8. Federal (or state) licensure of physicians' office laboratory.
9. Legislation imposing additional restrictive Medicare reimbursement levels on physicians.

B) What DID Happen Because of the AMA

1. Improvement of the Keogh law to permit increased annual contributions for retirement to 15% of earned income or $7500, whichever is less—a savings worth many times the annual dues.
2. More than 4,000 continuing medical education programs accredited for benefit of the profession.
3. AMA developed guidelines for improving medical and health care in jails now being tested in 30 communities.
4. Financially hard-pressed medical and dental schools in District of Columbia receiving federal support.
5. Universal health insurance claim form—more than nine million already in use.
6. Enactment of the Military Medical Practice Act that makes the federal government exclusively liable for malpractice damages in the military and uniformed services.
7. Detailed AMA policy on *Hospital-Physician Relations* designed to protect the rights of medical staffs and individual physicians.
8. AHA acceptance of concept that medical staffs should be represented on hospital boards.
9. Rapid expansion of medical schools in past decade.
10. Extensive health manpower training support.
11. Development of legislation for emergency medical services systems.
12. Significantly increased pay for military, VA & other federal physicians.

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It has always been difficult for persons with "unilateral" hearing loss (one good ear and one impaired ear) to benefit from the use of a hearing aid. Now, a new development called CROS (Controlateral Routing Of Signals) is helping these people use hearing aids successfully. The new method uses a receiver at the impaired ear, to pick up sounds and route them to the good ear. Researchers at Northwestern University report that CROS fitting has been helpful in many cases of unilateral loss. If you have this problem, let us tell you more about MAICO CROS hearing—it could be the answer to your problem!

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In Memoriam

Medical West Health Center

The financial failure last month of **Medical West Health Center,** the area's largest and most complete group medical practice, which housed under one roof both primary care and all of the major specialties, is a sad loss to the Health Care Delivery System of the entire area. Since its opening in April 1974, Medical West had delivered first-quality medicine, had been swamped by sick and needy patients and had acted as a magnet to draw more than 20 new doctors to the area. Had it succeeded it could easily have brought another 20 new doctors to the area within the next 2½ years.

Medical West was a grand experiment in a method of integrated one-stop health care delivery by many specialists working together in one well-equipped facility. The concept was new to this area and had tremendous promise, led by medical visionaries who saw a way to improve traditional medical care for all patients, including the elderly and those on welfare, without depending on the use of expensive hospital facilities. The experiment was victimized by misdirected cost-cutting efforts of both state and federal governments and by outmoded policies of health insurers who pay in full for services in the hospital but pay only a portion of the cost of similar services by a doctor and his staff working in an "office" setting.

Opportunity must be taken to express sorrow and regret not only to the many patients who have lost this full-line medical facility but also to those doctors, my colleagues, who stayed with the project from beginning to end. Physicians who funded deficits out of personal savings, while working, hoping and waiting for the government and insurers to adopt an enlightened system of cost-reimbursement. A system which would address the stated need to keep patients out of a hospital, unless absolutely necessary. These doctors have suffered severe financial losses from which they may never fully recover. Let us hope that their sacrifice and vision will at least be rewarded by the eventual triumph of the concept in the future.

Bruce B. Stoler, M.D.

BOOK REVIEW

From the front page of **The Springfield Daily News,** Jan. 29, 1973: "In a new book widely acclaimed for its honesty and wit, Dr. William A. Nolen gives an intimate, personal view of a surgeon's life. He takes his readers into the world of doctors, their wives, nurses and patients. Dr. Nolen is chief surgeon at the Litchfield (Minn.), clinic."

Dr. Nolen was born in Holyoke and graduated from Holy Cross and Tufts Medical School. It seemed only fitting that his new book should be reviewed by the Hampden County Parody and Marching Society.

*The Limerick Group:
There once was a surgeon named Nolen
Whose talent was possibly stolen.
The source of his wit
From where that we sit.
Appears to have stemmed from his colon.

*Rudyard Kipling:
If you can have your fun and then philander
Across the front page of the **Daily News,**
And with your lady patients then meander
Wherever from your office you may choose,
If you can make one heap of all your winnings,
And find a little nurse who didn't know
All about you and all your youthful sinnings,
And make you feel your menopause doesn't show;
If you can land in Litchfield, Minnesota
From Holyoke, Massachusetts, where it looks
As if perhaps you've now fulfilled your quota,
No matter what—you'll sell a lot of books.

*John Masefield:
I must down to the seas again,
To the lonely sea and the sky,
But on second thought, to Litchfield, Minn.
Is where I'd rather hie,
For in Litchfield, Minn., when the nights begin,
Then the day has fluttered by,
Then the man with the knife gets the other man's wife—
Now that's the place for I!

Is where I'd rather hie,
For in Litchfield, Minn., when the nights begin,
Then the day has fluttered by,
Then the man with the knife gets the other man's wife—
Now that's the place for I!

*Thomas Gray:
The curfew tolls the knell of parting day,
The head nurse totters off to sip her tea,
The orderlies and "the float" are far away,
And leave the floor to "probie" and to me.
But "probie" does not dig adult approaches,
She thinks that I am old and rather dirty,
I wish to hell I knew just who her coach is.
She doesn't trust a doctor over thirty.

*Emily Dickinson:
So bashful when I spied her!
So blushful in her cap!
So greetingful her greeting
With bedpan in her lap.
So breathless till I passed her,
So terrified of me,
And so damn well she should have been
Because my thoughts of she!
For whom I robbed the Dingle—
For whom betrayed the Dell—
The bashful, blushful kind I find
Are best—so what the hell!

*John McCrae:
We are the Dead, short days ago
We lived, felt fine, saw beer ads glow,
Loved and made love, and now we lie
In Potter's Field.
Take up our fight with Medicare,
PSRO and HMO
And CCU and all that's new;
For lack of TLC we sleep tonight
In Potter's Field.

*Edgar Guest:
It takes a heap O' cutting'
In Litchfield, Minnesota.
It takes a heap o' writin',
And not a mere iota.
It takes a heap o' stitchin'
And it takes a heap o' billin',
It takes a heap o' wimmen
And the wimmen must be willin'.
There's lots o' things it takes a heap o',
Far more than one can get a peep o'.
It takes a heap o' sleepin' in,
In Peyton Place—or Litchfield, Minn.

H.N.S.

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